

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title::

Attorney Docket Number:: INTERFEROMETER SYSTEM, METHOD FOR  
RECORDING AN INTERFEROGRAM AND  
METHOD FOR PROVIDING AND  
MANUFACTURING AN OBJECT HAVING A  
TARGET SURFACE

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	SCHULTE
Name Suffix::	
City of Residence::	Aalen
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Schnaitbergstrasse 37
City of Mailing Address::	Aalen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-73434
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Bernd
Middle Name::	
Family Name::	DÖRBAND
Name Suffix::	
City of Residence::	Aalen
State or Province of Residence::	

Country of Residence::	Germany
Street of Mailing Address::	Sauerbachstrasse 103
City of Mailing Address::	Aalen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-73434
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Henriette
Middle Name::	
Family Name::	MÜLLER
Name Suffix::	
City of Residence::	Aalen
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Sauerbachstrasse 103
City of Mailing Address::	Aalen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-73434
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Wolfgang
Middle Name::	

Family Name:: KÄHLER  
Name Suffix::  
City of Residence:: Aalen  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Jahnstrasse 39  
City of Mailing Address:: Aalen  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-73431

### Correspondence Information

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### Representative Information

Representative Customer Number:: 21839

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/EP02/07080	06/26/02

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### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	101 30 902.3	06/27/01	Yes

### Assignee Information

Assignee Name:: Carl Zeiss SMT AG  
 Street of Mailing Address:: Carl-Zeiss-Strasse 22  
 City of Mailing Address:: Oberkochen  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Germany  
 Postal or Zip Code of Mailing Address::  
 Address:: D-73447